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| STIENNON & STIENNON<br>612 W. MAIN ST., SUITE 201<br>P.O. BOX 1667   |   |   |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                |                               |
| MADISON, WI  |   | ſ   | (Depositor's name)  |   |                                |                               |
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|  |   |   |   |   |                                | (Date)                        |
| APPLICATION NO.  | FILING DATE   |   | FIRST NAMED INVENT  | OR  | ATTORNEY DOCKET NO.            | CONFIRMATION NO.              |
| 10/597,175   | 08/31/2006  | A DADED MACUDE  | Kari Juppi  |   | METSO-63                       | 7133                          |
| TITLE OF INVENTION   | : ARRANGEMENT IN  | A PAPER MACHINE   |   |   |                                |                               |
| APPLN. TYPE  | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DU  | E PREV. PAID ISSU   | E FEE TOTAL FEE(S) DUI         | E DATE DUE                    |
| nonprovisional   | NO  | \$1510  | \$300   | \$0   | \$1810                         | 06/30/2009                    |
| EXAMINER   |   | ART UNIT  | CLASS-SUBCLASS  |   |                                |                               |
| LU, JIPING   |   | 3743  | 034-114000  |   |                                |                               |
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| 4a. The following fee(s) are submitted:  4b  ■ Issue Fee  ■ Publication Fee (No small entity discount permitted)  ■ Advance Order - # of Copies  |   |   | <ul> <li>D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>☐ A check is enclosed.</li> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2663 (enclose an extra copy of this form).</li> </ul> |   |                                |                               |
|  | SMALL ENTITY statu  | s. See 37 CFR 1.27.                                     | b. Applicant is no l  | onger claiming SMAI   | LL ENTITY status. See 37 C     | FR 1.27(g)(2).                |
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| Authorized Signature   | Pm 25   |   | Date 2009-04-13   |   |                                |                               |
| Typed or printed name Patrick J.G. Stiennon  |   |   | Registration No. 34934  |   |                                |                               |
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